PTO/SB/06 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number. Under the Panerwork Reduction Act of 1995, no persons are required to respond Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD **ANL 279** OTHER THAN **CLAIMS AS FILED - PART I** SMALL ENTITY OR SMALL ENTITY (Column 2) (Cohama 1) FOR NUMBER FILED **NUMBER EXTRA** RATE RATE FFF FEE 即 **BASIC FEE** 385 OR (37 CFR 1.16(a)) S TOTAL CLAIMS • 16 minus 20 = \$144 OR \$0 (37 CFR 1.16(c)) INDEPENDENT CLAIMS • 0 _x 43 minus 3 = -\$0 OR \$0 (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \$0 \$0 \$0 TOTAL \$529 OR TOTAL If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II **SMALL ENTITY** OR SMALL ENTITY (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE MENDMENT PAID FOR OR Total = 0 Minus **S**0 **SO** (37 CFR 1.16(c)) OR Independent Minus 0 **\$0** (37 CFR 1.16(b)) \$0 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(6)) \$0 OR **\$0** TOTAL TOTAL \$0 OR **\$**0 ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE AMENDMENT **AFTER PREVIOUSLY EXTRA** FEE FEE **AMENDMENT PAID FOR** OR Total Minus = 0 \$0 (37 CFR 1.16(c)) **S**0 20 OR ... Independent Minus = 0 \$0 \$0 OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4)) \$0 OR \$0 TOTAL TOTAL OR TOTAL ADDIT. FEE \$0 \$0 ADDIT. FEE (Column 1) (Column 3) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL TIONAL RATE **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE **AMENDMENT** PAID FOR OR Total = 0 Minus \$0 \$0 20 (37 CFR 1.16(e)) OR Independent **-** 0 Minus **\$0** \$0 (37 CFR 1.16(b)) OR OZ CER LUKAN FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR **SO** \$0 TOTAL TOTAL OR \$0 \$0 * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT, FEE ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.